



Customer No. 62274  
Cardi & Associates  
US Bank Plaza, Suite 2000  
220 South 6th Street  
Minneapolis, Minnesota 55402  
Telephone: (612) 746-3005  
Facsimile: (612) 746-3006

Attorney Docket No. 3222.01US02

RCE /  
DFW

REQUEST FOR CONTINUED EXAMINATION  
(RCE) TRANSMITTAL

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of Application No. 10/602,526, filed June 24, 2003 for: **FILLERS AND METHODS FOR DISPLACING TISSUE TO IMPROVE RADIOLOGICAL OUTCOMES**, by: William R. Noyes.

1. Submission required under 37 C.F.R. § 1.114

- a. ☐ Previously submitted
- ☐ Please enter in the present application the unentered Amendment under 37 C.F.R. § 1.116, with any attachments, filed on \_\_\_\_\_ in said prior application.
- ☐ Consider the arguments in the Appeal Brief or reply Brief previously filed on \_\_\_\_\_
- ☐ Other \_\_\_\_\_
- b. ☒ Enclosed
- ☒ A Preliminary Amendment is enclosed. Claims added by this Amendment are properly numbered consecutively beginning with the number next following the highest numbered claim in the prior application.
- ☐ Affidavit(s)/Declaration(s)
- ☐ Information Disclosure Statement (IDS)
- ☒ Other Petition for Extension of Period for Response Under 37 C.F.R. § 1.136(a) and Figs. A-C.

2. ☒ The filing fee is calculated below:

|            | Claims Remaining After Amendment | Highest No. Previously Paid For | Present Extra (Equals) | Small Entity Rate | Add'l Fee | OR | Large Entity Rate | Add'l Fee |
|------------|----------------------------------|---------------------------------|------------------------|-------------------|-----------|----|-------------------|-----------|
| Total      | 58                               | - [61]**                        | =                      | x 25              | \$0       |    | x 50              | \$        |
| Indep.     | 3                                | - [3]***                        | =                      | x 100             | \$0       |    | x 200             | \$        |
| RCE fee    |                                  |                                 |                        | + 395             | \$395.00  |    | + 790             | \$        |
| Mult. Dep. |                                  |                                 | =                      | + 180             | \$        |    | + 360             | \$        |
| TOTAL      |                                  |                                 |                        |                   | \$395.00  | OR | TOTAL             | \$        |

☐ First Presentation of Multiple Dependent Claim [MDC]

- \* If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

07/13/2007 RFEKADU1 00000077 10602526

395.00 OP

01 FC:2601